Notices of Exempt Rulemaking

NOTICES OF EXEMPT RULEMAKING

The Administrative Procedure Act requires the *Register* publication of the rules adopted by the state's agencies under an exemption from all or part of the Administrative Procedure Act. Some of these rules are exempted by A.R.S. §§ 41-1005 or 41-1057; other rules are exempted by other statutes; rules of the Corporation Commission are exempt from Attorney General review pursuant to a court decision as determined by the Corporation Commission.

NOTICE OF EXEMPT RULEMAKING

TITLE 9. HEALTH SERVICES

CHAPTER 25. DEPARTMENT OF HEALTH SERVICES EMERGENCY MEDICAL SERVICES

Editor's Note: The following Notice of Exempt Rulemaking is exempt from Laws 2010, Ch. 287, § 18. (See the text of § 18 on page 2124.)

[R10-155]

PREAMBLE

. Sections Affected Rulemaking Action

Table 1 Amend R9-25-512 Repeal

2. The statutory authority for the rulemaking, including both the authorizing statute (general) and the statutes the rules are implementing (specific):

Authorizing statutes: A.R.S. §§ 36-136(F) and 36-2209(A)(2)

Implementing statute: A.R.S. § 36-2205(A)

Statute or session law authorizing the exemption: A.R.S. § 36-2205(C)

3. The effective date of the rules:

October 15, 2010

4. A list of all previous notices appearing in the Register addressing the exempt rule:

Not applicable

5. The name and address of agency personnel with whom persons may communicate regarding the rulemaking:

Name: Terry Mullins, Bureau Chief

Address: Department of Health Services

Bureau of Emergency Medical Services and Trauma System

150 N. 18th Ave., Suite 540

Phoenix, AZ 85007

Telephone: (602) 364-3150
Fax: (602) 364-3568
E-mail: mullint@azdhs.gov

or

Name: Thomas Salow, Acting Manager

Address: Office of Administrative Counsel and Rules

Department of Health Services 1740 W. Adams St., Room 203

Phoenix, AZ 85007

Telephone: (602) 364-1935
Fax: (602) 364-1150
E-mail: salowt@azdhs.gov

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6. An explanation of the rule, including the agency's reasons for the rule, including the statutory citation to the exemption from regular rulemaking procedures:

The purpose of this rulemaking is to amend Table 1 to remove the EMT categories of EMT-I(99) Certified Before 1/6/07 and EMT-I(85) from the table and to amend the EMT-I(99) Certified On or After 1/6/07 category to EMT-I(99). These amendments are due to the expiration on January 6, 2009 of the grace period found in R9-25-512, which gave EMT-I(99)s Certified Before 1/6/07 different authorization to administer agents, monitor the use of agents, assist in patient self-administration of agents, and use transport agents from the authorization given to EMT-I(99)s Certified On or After 1/6/07. These amendments are also due to the requirement in R9-25-412 that EMT(85)s either apply for recertification as EMT-I(99)s or downgrade to EMT-Bs before December 31, 2007. All EMT-I(85) certifications in Arizona expired prior to or on December 31, 2007. This rulemaking also repeals R9-25-512, as explained above. The statute authorizing the exemption from the regular rulemaking process is A.R.S. § 36-2205(C).

7. A reference to any study relevant to the rule that the agency reviewed and proposes either to rely on or not to rely on in its evaluation of or justification for the rule, where the public may obtain or review each study, all data underlying each study, and any analysis of each study and other supporting material:

The Department did not review or rely on any study related to this rulemaking package.

8. A showing of good cause why the rule is necessary to promote a statewide interest if the rule will diminish a previous grant of authority of a political subdivision of this state:

Not applicable

9. The summary of the economic, small business, and consumer impact:

Not applicable

10. A description of the changes between the proposed rules, including supplemental notices, and final rules, (if applicable):

Not applicable

11. A summary of the comments made regarding the rule and the agency response to them:

Not applicable

12. Any other matters prescribed by statute that are applicable to the specific agency or to any specific rule or class of rules:

Not applicable

13. Incorporations by reference and their location in the rules:

None

14. Was this rule previously made as an emergency rule? If so, please indicate the Register citation:

No

15. The full text of the rules follows:

TITLE 9. HEALTH SERVICES

CHAPTER 25. DEPARTMENT OF HEALTH SERVICES EMERGENCY MEDICAL SERVICES

ARTICLE 5. MEDICAL DIRECTION PROTOCOLS FOR EMERGENCY MEDICAL TECHNICIANS

Section

Table 1. Authorization for Administration, Monitoring, and Assistance in Patient Self-Administration Self-administration of Agents by EMT Certification; Identification of Transport Agents; Administration Requirements; and Minimum Supply Requirements for Agents

R9-25-512. Grace Period for EMT I(99)s Certified Before January 6, 2007 Repealed

ARTICLE 5. MEDICAL DIRECTION PROTOCOLS FOR EMERGENCY MEDICAL TECHNICIANS

Table 1. Authorization for Administration, Monitoring, and Assistance in Patient Self-Administration Self-administration of Agents by EMT Certification; Identification of Transport Agents; Administration Requirements; and Minimum Supply Requirements for Agents

KEY:

A = Authorized to administer the agent

HF = Only authorized as a topical antidote for possible exposure to hydrofluoric acid

E = Only authorized to administer or assist in patient self-administration of the agent in the case of an emergency involving a neurological toxin which is confirmed or suspected by an EMT, except as provided in R9-25-507

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- M = Authorized to monitor IV administration of the agent during interfacility transport, if the IV was started at the sending health care institution
- PA = Authorized to assist in patient self-administration of the agent
- TA = Transport agent for an EMT with the specified certification

 IFIP = Agent shall be administered by infusion pump on interfacility transports
- IP = Agent shall be administered by infusion pump
- SVN = Agent shall be administered by small volume nebulizer SVN or MDI = Agent shall be administered by small volume nebulizer or metered dose inhaler
- * = Optional agent for a BLS ambulance that is not primarily serving as the first emergency medical services provider arriving on scene in response to an emergency dispatch
- ** = The minimum supply for an EMT assigned to respond by bicycle or on foot is 2 cubic feet.
- *** = An EMT-B may administer if authorized under R9-25-505.
- [] = Minimum supply required if an EMS provider chooses to make the optional agent available for EMT administration

AGENT	MINIMUM SUPPLY	ЕМТ-Р	EMT I(99) Certified Before 1/6/07	EMT-I(99) Certified On or After 1/6/07		ЕМТ-В
Adenosine	30 mg	A	A	A	-	-
Albuterol Sulfate ^{SVN or MDI} (sulfite free)	10 mg	A	A	A	A	-
Amiodarone IFIP	Optional [300 mg]	A	A	-	-	-
Antibiotics	None	TA	TA	TA	TA	-
Aspirin	324 mg	A	A	A	A	A
Atropine Sulfate	4 prefilled syringes, total of 4 mg	A	A	A	_	-
Atropine Sulfate	8 mg multidose vial (1)	A	A	A	A	-
Atropine Sulfate Auto-Injector	None	A	A	A	A	Е
Atropine Sulfate and Prali- doxime Chloride (Combined) Auto-Injector		Е	E	Е	E	E
Blood	None	TA	TA	-	_	-
Bronchodilator, inhaler	None	PA	PA	PA	PA	PA
Calcium Chloride	1 g	A	A	-	-	-
Calcium Gluconate, 2.5% topical gel	Optional [50 g]	<u>HF</u>		<u>HF</u>		<u>HF</u>
Charcoal, Activated (without sorbitol)	Optional [50 g]	A	A	A	A	A
Colloids	None	TA	TA	TA	TA	-
Corticosteroids IP	None	TA	TA	TA	TA	-
Dexamethasone	Optional [8 mg]	A	A	A	A	-
Dextrose	50 g	A	A	A	A	-
Dextrose, 5% in H ₂ O	Optional [250 mL bag (1)]	A	A	A	A	M***
Diazepam	20 mg	A	A	A	A	-
Diazepam Rectal Delivery Gel	Optional [20 mg]	A	A	A	A	-
Diltiazem ^{IFIP} or Verapamil HCl	25 mg 10 mg	A A	A A	-	-	-
Diphenhydramine HCl	50 mg	A	A	A	A	-
Diuretics	None	TA	TA	TA	-	-
Dopamine HCl IFIP	400 mg	A	A	-	-	-
Electrolytes/Crystalloids (Commercial Preparations)	None	TA	TA	TA	TA	M
Epinephrine Auto-Injector	2 adult auto-injectors* 2 pediatric auto-injectors*	-	-	-	-	A
Epinephrine Auto-Injector	Optional [2 adult auto-injectors 2 pediatric auto-injectors]	A	A	A	A	-

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AGENT	MINIMUM SUPPLY	ЕМТ-Р	EMT-I(99) Certified Before 1/6/07	EMT-I(99) Certified On or After 1/6/07	EMT I(85)	ЕМТ-В
Epinephrine HCl, 1:1,000	2 mg	A	A	A	A	-
Epinephrine HCl, 1:1,000	30 mg multidose vial (1)	A	A	A	_	-
Epinephrine HCl, 1:10,000	5 mg	A	A	A	_	-
Etomidate	Optional [40 mg]	A	-	-	_	-
Fosphenytoin Na ^{IP} or Phenytoin Na ^{IP}	None	TA	TA	-	-	-
Furosemide or, If Furosemide is not available, Bumetanide	100 mg	A	A	A	A	-
	4 mg	A	A		A	-
Glucagon ^{IFIP}	2 mg	A	A	A	A	-
Glucose, oral	Optional [30 gm]	A	A	A	A	A
Glycoprotein IIb/IIIa Inhibitors	None	TA	TA	-	_	-
H ₂ Blockers	None	TA	TA	TA	TA	-
Heparin Na ^{IP}	None	TA	TA	-	_	-
Immunizing Agent	Optional	A	A	A	_	-
Ipratropium Bromide 0.02% SVN or MDI	5 mL	A	A	A	A	-
Lactated Ringers	1 L bag (2)	A	A	A	A	M***
Lidocaine HCl IV	3 prefilled syringes, total of 300 mg 1 g vials or premixed infusion, total of 2 g	A	A	A	-	-
Lorazepam	Optional [8 mg]	A	A	A	A	-
Magnesium Sulfate IFIP	5 g	A	A	-	_	-
	250 mg	A	A	A	A	-
Midazolam	Optional [10 mg]	A	A	-	_	-
Morphine Sulfate	20 mg	A	A	A	A	-
Nalmefene HCl	Optional [4 mg]	A	A	A	A	-
Naloxone HCl	10 mg	A	A	A	A	-
Nitroglycerin IV Solution IP	None	TA	TA	-	_	-
Nitroglycerin Sublingual Spray	1 bottle	A	A	A	A	PA
Nitroglycerin Tablets	1 bottle	A	A	A	A	PA
Nitrous Oxide	Optional [Nitrous oxide 50% / Oxygen 50% fixed ratio setup with O ₂ fail-safe device and self-administration mask, 1 setup]		A	A	A	-
Normal Saline	1 L bag (2) 250 mL bag (1) 50 mL bag (2)	A	A	A	A	M***
Ondansetron HCl	Optional [4 mg]	A	A	A	A	-
Oxygen	13 cubic feet**	A	A	A	A	A
Oxytocin	Optional [10 units]	A	A	A	A	
Phenobarbital Na ^{IP}	None	TA	TA	-		
Phenylephrine Nasal Spray 0.5%	1 bottle	A	A	A	A	-
Potassium Salts ^{IP}	None	TA	TA	-	-	-
Pralidoxime Chloride Auto- Injector	None	Е	E	Е	E	Е
Procainamide HCl ^{IP}	None	TA	TA	-	-	-
Racemic Epinephrine SVN	None	TA	TA	-	-	-
Sodium Bicarbonate 8.4%	100 mEq	A	A	A	A	-

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AGENT	MINIMUM SUPPLY	ЕМТ-Р	Certified (EMT-I(99) Certified On or After 1/6/07		ЕМТ-В
Succinylcholine	Optional [400 mg]	A	=	-	-	-
Theophylline IP	None	TA	TA	-	=	-
Thiamine HCl	100 mg	A	A	A	A	-
Total Parenteral Nutrition, with or without lipids IFIP	None	TA	TA	-	-	-
Tuberculin PPD	Optional [5 cc]	A	A	A	=	-
Vasopressin	Optional [40 units]	A	A	-	-	-
Vitamins	None	TA	TA	TA	TA	-

R9-25-512. Grace Period for EMT-I(99)s Certified Before January 6, 2007 Repealed

- A. Except as provided in subsection (C), an individual currently and validly certified as an EMT-I(99) in Arizona as of January 5, 2007, is authorized, until January 6, 2009, to administer, monitor, assist in patient self administration of, and use as transport agents the agents authorized in Table 1 for an "EMT-I(99) Certified Before 1/6/07."
- **B.** An individual who becomes certified as an EMT-I(99) in Arizona on or after January 6, 2007, is authorized to administer, monitor, assist in patient self-administration of, and use as transport agents the agents authorized in Table 1 for an "EMT-I(99) Certified On or After 1/6/07."
- C. If an individual described under subsection (A) allows the individual's EMT-I(99) certification to expire before January 6, 2009, the individual no longer qualifies under subsection (A) and instead shall comply with subsection (B).
- **D.** Effective January 6, 2009, an individual described under subsection (A) is authorized to administer, monitor, assist in patient self-administration of, and use as transport agents only the agents authorized in Table 1 for an "EMT-I(99) Certified On or After 1/6/07."
- E. For purposes of this Section, "currently and validly certified" means holding certification issued by the Department that is not expired, suspended, or otherwise restricted.